

Case Number:	CM13-0053246		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2006
Decision Date:	03/10/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year-old female who was injured on 12/14/2006. She has been diagnosed with discogenic lumbar condition, s/p decompression at L3/4 and fusion at L4/5 with EMG abnormalities in the past. There is noted weight loss of 50 lbs, element of depression, sleep, anxiety, constipation and GERD. According to the 10/30/13 report, she presents with low back pain, with tenderness and decreased lumbar motion. The IMR application shows a dispute with the 11/12/13 utilization review decision regarding the patient's medications. The 11/12/13 utilization review letter from [REDACTED], is based on [REDACTED] 8/22/13, 9/30/13, and 10/30/13 medical reports, and recommends non-certification for Flexeril, Remeron, Protonix, Terocin patches, and recommends partial certification for Norco and Avinza.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

Decision rationale: The patient presents with chronic low back pain that radiates down both legs, with stiffness, spasms, difficulty sleeping, depression, anxiety and GERD. The medical records show that the patient was prescribed Flexeril fairly regularly since 3/7/13. The California MTUS guidelines for Flexeril specifically state " This medication is not recommended to be used for longer than 2-3 weeks" The continued use of Flexeril for over 7-months from 3/7/13 through 10/31/13 will exceed the MTUS recommendations. The request for Flexeril from Oct. 2013 was not in accordance with MTUS guidelines.

Remeron 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 13-16.

Decision rationale: The patient presents with chronic low back pain that radiates down both legs, with stiffness, spasms, difficulty sleeping, depression, anxiety and GERD. The records show the physician first requested Remeron for the patient's depression on 9/30/13. The 10/30/13 report reveals that it was denied by UR, and the patient continues with radiating lower back pain and depression and anxiety. The California MTUS for antidepressants, states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." The physician documented neuropathic and non-neuropathic pain and depression. The use or trial of Remeron appears to be in accordance with MTUS guidelines.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: The patient presents with chronic low back pain that radiates down both legs, with stiffness, spasms, difficulty sleeping, depression, anxiety and GERD. The records show that the initial PPI requested was Prilosec on 9/30/13, for the patient's GERD that interfered with her medications. This was apparently denied, but the 10/30/13 appeal, Protonix was requested. The 9/30/13 report did not discuss any current GI issues, or any of the MTUS risk factors for GI events. The 10/30/13 report, states the patient was currently having symptoms of GERD. The MTUS guidelines do not discuss use of a PPI for GERD or their FDA labeled indications, but discuss use of PPI under the NSAIDs section. The labeled indication for Prilosec states: "Prilosec is indicated for the treatment of heartburn and other symptoms associated with GERD in pediatric patients and adults." The physician stated the patient is having symptoms associated with GERD. The request for Prilosec appears to be in accordance with its boxed label indication.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section Page(s): 60-61.

Decision rationale: The patient presents with chronic low back pain that radiates down both legs, with stiffness, spasms, difficulty sleeping, depression, anxiety and GERD. The records show that the pain was controlled with Tramadol ER and Avinza with Gabapentin and Flexeril, since 3/7/13. On 9/30/13 the patient stated she was flaring up and the pain was no longer tolerable. The physician requested to add Norco. The 10/30/13 report shows that utilization review did not respond to the 9/30/13 request. The Dr. noted that the patient was on Percocet at one point and is now down to Norco, which is moving in the right direction. The California MTUS guidelines as well as the CA Medical Board require treatment of pain. The trial of Norco for the patient's reported flare up appears to be in accordance with MTUS guidelines.

Avinza 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria of Use of Opioids Section Page(s): 88-89.

Decision rationale: On reviewing the medical records, from 1/21/13 through the 10/31/13 P&S report, the patient had been using Avinza 30mg, about 2/day (#60) for each month, but none of the medical reports discuss efficacy of the medication. There is no assessment with a pain scale of pain with or without Avinza, no mention of whether it improves function or quality of life. For long-term use of opioids, MTUS states a: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There was no assessment of pain on each visit with a numerical scale, and no assessment of function in the 10-month period between 1/21/13 to 10/30/13. The 10/31/13 P&S report did discuss function, but there was no baseline or discussion of function without Avinza to determine functional improvement. There was no indication the patient was having a satisfactory response to Avinza. The California MTUS does not recommend continuing treatment that does not produce a satisfactory response.

Terocin patches #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: The patient presents with chronic low back pain that radiates down both legs, with stiffness, spasms, difficulty sleeping, depression, anxiety and GERD. The records show there was a trial of Gabapentin for neuropathic pain, and there was a request for an antidepressant trial with Remeron. Terocin patches are similar to Terocin lotion, except they do not contain the Capsaicin or Methyl Salicylate components. They are a dermal patch with 4% Lidocaine, and 4% Menthol. The California MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The California MTUS for topical Lidocaine states: "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." And "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain." The California MTUS did not discuss Menthol so ODG guidelines were consulted. ODG discusses Menthol as the active ingredient in Biofreeze that takes the place of ice packs, and is recommended on "acute" low back pain. The patient does not have acute low back pain, but then, MTUS/ACOEM guidelines for hot/cold therapy on the lower back recommends: "At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold". The use of Terocin patches for this case appears to meet MTUS/ACOEM and ODG guidelines.